

MEMORANDUM FOR COMMITTEE MEMBERS

FROM: Lt Gen Paul K. Carlton, Jr., Chair of the Council

SUBJECT: DoD Prevention, Safety, and Health Promotion Council (PSHPC) Meeting 16 December 99

1. The PSHPC meeting was convened at 1000 hrs in Pentagon Room 1E801#4-5.

Attendees are as follows:

Lt Gen Carlton, Air Force Surgeon General (Chair)
Dr. Mazzuchi, Deputy Assistant Secretary of Defense (CPP)
COL Christie Smith, Assistant Secretary Army, Manpower and Reserve Affairs (Representative)
CDR Kelly McConville, Assistant Secretary of the Navy (Manpower and Reserve Affairs) (Representative)
Mr. Reinhard, Office of the Assistant Secretary of the Navy (Installations and Environment)
Mr. Fatz, Deputy Assistant Secretary Army Environmental Safety Occupational Health
MG Sculley, Army Surgeon General (Representative)
RADM Fisher, Navy Surgeon General (Representative)
COL Westwood, Deputy Chief of Staff and Personnel, Army
CAPT Smith, Chief of Naval Personnel (Representative)
Mr. Burks, Air Force Chief of Safety (Representative)
Ms. Corliss, Assistant Deputy Chief of Staff, Air Force Personnel
Lt Col Larcom, Deputy Assistant Secretary Air Force Environment, Safety and Occupational Health (Representative)
CAPT Rose, Deputy Chief of Staff, (Manpower and Reserve Affairs), Marine Corps (Representative)
Lt Col Sommese, Tricare Management Activity (Representative)
Mr. Gibson, Director of Army Safety (DASAF) (Representative)

Members Not Present:

Dr. Bailey, Assistant Secretary of Defense (Health Affairs)
Ms. Goodman, Deputy Under Secretary Defense (Environmental Security)
Ms. Keener, Assistant Secretary Air Force (Manpower, Reserve Affairs, Installations and Environment) (Representative)
Representative Army Installations and Environment
Mr. Rush, Deputy Assistant Secretary of Defense (Force Management Policy) (Representative)
CAPT Willis, Navy Safety (Representative)
Mr. Lillibridge, SD HQMC

2. OLD BUSINESS: The 9 July 99 minutes were approved as written.

3. NEW BUSINESS:

A. Status of Council Charter/Signature of Charter.

The PSHPC Charter was signed by SECDEF on 28 July 99 and a copy of the signed document was sent to all Council members.

B. Status of Alcohol Abuse/Tobacco Use Prevention Action Plans.

Mr. de Leon [(USD) (P&R)] approved the plans on 7 October 99 and all Council members were forwarded a copy of the approved decision paper.

C. Injury/Occupational Illness Prevention Plan:

Mr. de Leon [(USD) (P&R)] approved the plan on 16 September 99 and all Council members were forwarded a copy of the approved decision paper.

D. PSHPC Committee Charters and New Committee Action Plans:

The Chair advised the Council that the six PSHPC committee charters and the action plans for Joint Preventive Medicine Policy Group (JPMPG), Put Prevention In Practice (PPIP), Self-Reporting Tools (SRT) and the Sexually Transmitted Disease Prevention Committee (STDPC) have been fully coordinated through the Service Secretariats and DoD offices. The signed staff summary sheets and copies of the charters and action plans will be forwarded to ASD (HA) and then to USD (P&R) for final approval

E. Report on the National Science and Technology Council/Presidential Review Directive-5:

Col Postlewaite briefed the Council on the relationship between the PSHPC and the Military and Veterans Health Coordinating Board (MVHCB). Presidential Review Directive-5 created the MVHCB. Col Postlewaite emphasized the need to:

1. Ensure the appropriate level of coordination and collaboration in addressing similar Force Health Protection responsibilities
2. Effectively carry out their respective charters.
3. He presented a wiring diagram demonstrating this linkage.

Following discussion, Council members felt that the MHVCB was an important vehicle to compliment the PSHPC's work. The new Executive Director of the MVHCB, MG Robert Claypool, USA (ret) will serve as a PSHPC member

F. PSHPC Committees:

Selected PSHPC Committee chairs presented reports in response to concerns raised at the July council meeting.

1. Self Reporting Tools (SRT):

Col Baker briefed the council on the data received from most recent HEAR survey. Specifically, she reported the completion rates of returned surveys by TRICARE Regions. Improvements cited over the last three months were:

1. Addition of three new TRICARE Regions
2. Quadrupling the number of HEAR surveys mailed
3. Approval of the HEAR 1.3 standard guidelines by the Managed Care Support Contractors (MCSCs) and the Lead Agents.

An important problem cited was that the MCSCs for Regions 3 and 4 are not obligated to report their HEAR return rates under their current contract (they are required to perform the HEAR). This is to be addressed with the Service Deputy Surgeons General (DSGs) in January.

Focused Areas of improvement are:

1. Sending the HEAR to all Tricare Prime beneficiaries
2. Obtaining HEAR completion and return to the institution, a letter to prime beneficiaries with a self-addressed return envelope is now being sent
3. Standardization of the data collection process- currently, 12 different methods are used.

Considerable discussion ensued. Important points raised were:

1. Metrics utilized for each phase of deployment
2. Length of time for deployment of the HEAR across the system
3. Time frame for deployment of an automated HEAR
4. IM/IT prioritization for web based HEAR technology
5. HEAR deployment/operational units lacking web-based technology

6. Incompatibility between the various versions of the HEAR and the necessity for both the electronic and paper based format
7. Role of HEAR in Military Healthcare System Optimization and the Population Health Support Office

The Chair asked Col Baker to report at the next Council meeting on the results of the January meeting with the DSGs especially as they relate to IM/IT issues and the additional metric of the "Percent of Interventions based on HEAR returns." Arrangements also, will be made for a Council briefing on the Population Health Support Office.

2. injury/Occupational Illness Injury Committee (IOIPC):

COL DeFrait (IOIPC) met with CDR McBride (JPMPG) to resolve Mr. McCall's concerns regarding the inclusion of Disease Non-Battle Injury (DNBI) data and the coordination between these committees. As a result of this meeting the chair of the JPMPG will be a member of the IOIPC. Furthermore, it was agreed that the JPMPG would maintain a global perspective on surveillance of all disease and injury, with an emphasis on diseases. The IOIPC would concentrate on traumatic injuries in the deployed setting as well as in garrison. With the inclusion of both the JPMPG and the IOIPC in the MVHCB structure as working groups and the new relationship between the PSHPC and the MVHCB there will be a coordinated effort to address the issue of DNBI. Lt Col Larcom speaking on behalf of Mr. McCall, reported that Mr. McCall considers the issue resolved.

3. Joint Preventive Medicine Policy Group (JPMPG):

CDR McBride briefed the Council on "An Analysis of the Health of Deployed Forces in Southwest Asia" over a two-year period as well as the DNBI statistics for that period, including weekly statistics for the last six-week period. An issue raised was whether or not the small number of individuals who reported "Fair or Poor" health were more likely to have problems. CDR McBride reported these individuals could be followed by the Defense Medical Surveillance System (DMSS). Another concern was whether those personnel requiring specialty consultation actually had received that consultation. Dr. Mazzuchi suggested that it might be beneficial to conduct a small pilot study on this problem. Several members inquired whether or not personnel were non-deployable based on their response to the pre-deployment assessment. Concern was also, raised regarding the absence of a severity index of injury and illness. MG Sculley remarked that for Bosnia, statistics are captured by KG-ADS and forwarded to Landstuhl. Overall, the presentation was well received.

Col Bradshaw, the incoming JPMPG Chair, will report on the progress of the pilot study and the severity index at the next Council meeting.

4. Put Prevention Into Practice (PPIP):

LTC (P) Bonnefil presented the outcome study results gathered from the pilot sites for 1997 and 1998. Furthermore, she contrasted these results with established DoD goals, Healthy People 2000 targets and 1999 HEDIS outcome measures. Overall, PPIP is below both DoD/HP 2000 goals but the in the areas of Breast Cancer and Tobacco Screening we are doing well. Improvements in the PPIP were attributable to increased use of automated tracking systems for immunizations and flowsheet modifications.

CAPT McKay, the incoming PPIP chair, in the future will report on the RAND Corporation studies on Clinical Preventive Services in the civilian community.

5. Alcohol Abuse/Tobacco Use Reduction Committee (AATURC):

General Carlton informed the Council that the M&RA request for exception to

Executive Order 13058 has been approved by SECDEF. This exception which applies to Category B and C MWR activities will be for a period of three years and will allow those facilities time to install Tobacco abatement equipment. The caveat to the exception is that should the local commander desire these facilities to be Tobacco free now, they will be Tobacco free. Those facilities that are not retrofitted at the end of the three-year period will become automatically Tobacco free at the end of the exception time period. The exception time period will end on 7 December 2002

G. PSHPC Memorandum 7 October 99:

Just prior to his retirement and in response to comments made at the time of the initial coordination of the four new committee action plans and the six committee charters, General Roadman asked the Council members to discuss the following items:

1. Clarification of the role of the PSHPC in system-wide DoD Prevention implementation.
2. Specification of the PSHPC's organizational relationship with pre-existing DoD committees.
3. The inclusion of DoD civilian leadership on the PSHPC.

Discussion ensued regarding all items. It was determined that the Deputy Assistant Secretary of Defense for Civilian Personnel functionally is represented through the offices of the Assistant Secretary of Defense (Force Management and Policy). Additionally, all the most recent plans and charters were coordinated through the Service civilian personnel chain. The membership felt that a seat for Civilian personnel was not necessary. The membership however, felt that with the advent of the MVHCB that consideration should be given to offering the J-4 representative from the Joint Staff a seat on the Council. This will be an item for discussion at the next Council meeting.

The representative from AF Safety voiced the opinion that there are many committees throughout the DoD that deal with issues similar to those that the Council addresses in the area of Injury/Occupational Illness. The Chair tasked CAPT Murphy to investigate this and report at the time of the next meeting. The Council however, agreed that the SRT, JPMPG, and PPIP while not operationally under the control of the Council (Agency wise) should continue to report to the Council on a quarterly basis and would remain as committees under the PSHPC with oversight as delineated in the Charter.

Members agreed that the PSHPC should remain the primary advocacy group for the DoD in the area of prevention. The Chair directed CAPT Murphy/Lt Col Talcott to form an Action Officers Task Force to develop a memorandum for Council members review that clarifies and refines the purpose of the PSHPC consistent with the the outline as specified in the PSHPC Charter. Additionally, the Chair asked that an outline of a Strategic Plan be formulated addressing the Council's current priorities in order of importance.

The representative of Navy Personnel expressed a concern that Line leaders (Warfighters) were not adequately aware of many of the Council's initiatives. The Chair iterated that Line offices were actively involved in all aspects of the plans and charter coordination process and that their interests are well represented by membership on the Council.

H. Future Initiatives:

The representative of ASN (I&E) again expressed concern about the Safety aspect of the Council's work being included in the acquisition process. He specifically, cited the noise problem and potential hearing related injury associated with the Joint Strike Fighter. While the Council agreed that no new initiatives would be adopted until the April 2000 meeting, the Chair directed CAPT Murphy to address this issue in the prioritization plan.

CAPT Murphy and Lt Col Talcott have all the suggested proposals on file, and they will ensure these are on the agenda for the April 2000 meeting.

4. **Next Meeting:** Members will be notified of the date for the next meeting which will occur February 2000.
5. **ADJOURNMENT:** The meeting adjourned at 1115.

PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General